



Government of Western Australia
Child and Adolescent Health Service

Working with children, young people and families

Practice Framework

Child and Adolescent Mental Health Services
Mental Health Inpatient Unit (Ward 5A)



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Acknowledgement of country and people

CAHS acknowledges the traditional custodians of the land, the Noongar people and the Aboriginal people of the many traditional lands and language groups of Western Australia. We acknowledge the wisdom of Aboriginal Elders both past and present and pay respect to Aboriginal communities of today.



Acknowledgement of lived experience

CAHS acknowledges the individual and collective expertise of those children and young people with lived and living experience of mental ill-health and recovery, and the parents, carers and family members who love and care for them.

About us

The Mental Health Inpatient Unit (Ward 5A) at Perth Children's Hospital is the state-wide assessment and treatment facility for children and young people aged 6 – 15 years old with complex and acute mental health issues. It offers a multidisciplinary program in a safe environment for voluntary and involuntary patients as authorised under the Mental Health Act (2014).

Ward 5A is a recovery-focused child and family-centred mental health service. Recovery means different things to different people, but to us it involves helping young people to better understand themselves, find strengths and interests, identify areas to work on, and take steps towards meaningful goals.

Ward 5A offers short term assessment, brief intervention and therapeutic group programs, with treatment options dependent on the goals and needs of the young person and family. We support an inpatient stay to be as brief as possible, while working closely with services in the community to ensure care is consistent and can be maintained on the return home. The staff on Ward 5A empower families to participate in their child's treatment and assist recovery by providing information, education and support.

The time at Ward 5A is just one part of the mental health journey. As children, young people and families transition back into the home and local community, it is important to remember that ups and downs will still occur. It is an ongoing and evolving process to create and live a meaningful life, with or without mental health issues.



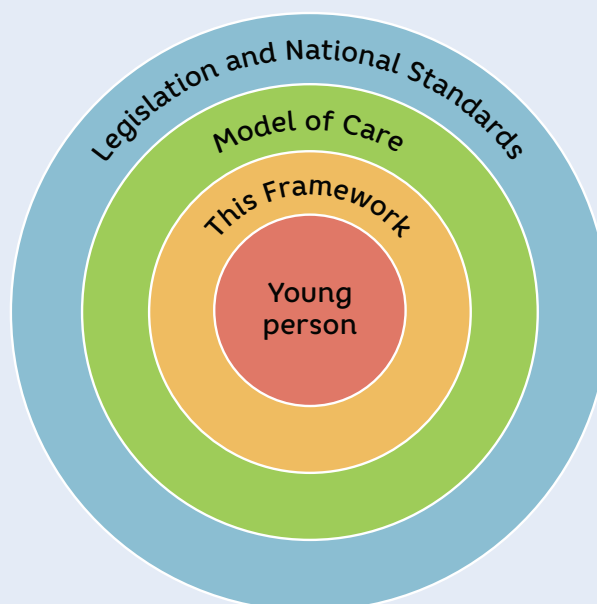
Current context

The Ward 5A Working with Children, Young People and Families Framework (the Framework) is aligned with the [Child and Adolescent Health Service \(CAHS\) Child and Family Centred Care Policy](#) and supports collaborative practices outlined in the Ward 5A Model of Care. We acknowledge the benefits of a genuine partnered approach to child and adolescent mental healthcare, where the child and family's needs are centred and their participation in decision-making, and care planning is not only supported but embraced.

Child and family-centred care has been associated with improved health outcomes as well as increased competence of children and young people to manage their own mental health, and overall family coping.

It acknowledges the unique attitudes, culture, values and knowledge held by different individuals and harnesses the expertise of children and families in their own care and recovery.

This Framework demonstrates our commitment to delivering recovery-focussed, child and family-centred care, and carer-inclusive practices, supported by our National Standards for Mental Health Services (2010), National Safety and Quality Health Standards and Western Australian legislation including the Mental Health Act (2014) and the Carers Recognition Act (2004).

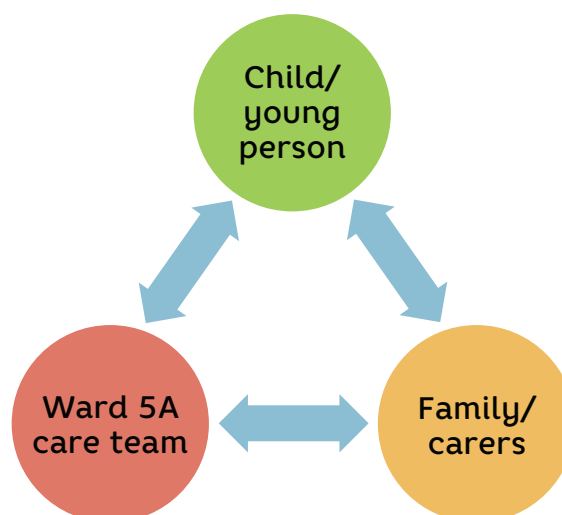


Introduction

Purpose

There is robust evidence worldwide demonstrating that mental health care is best delivered when a young person, mental health staff and carers share their expertise and experiences, working in partnership to achieve optimal recovery-focussed outcomes.

This Framework supports partnership, fostering open communication and empowering young people, carers, families and staff to work collaboratively throughout their Ward 5A journey.



This Framework has 3 distinct sections: for the young person, for the carer and family and for Ward 5A staff. It aims to achieve the following:

- Define the diverse carers and family members that interact with Ward 5A.
- Summarise the key principles of child and family-centred care, with examples on how this can work in practice on Ward 5A.
- Provide a road map of what to expect during the Ward 5A journey, to guide young people, carers and families.
- Empower young people, carers and families by offering suggested questions to think about when meeting with Ward 5A staff members.
- Highlight our staff's commitment to supporting the journey of young people, carers and families, with useful prompts to support effective communication.
- Provide guidance for implementation and evaluation.

Collaborative development

This Framework was developed in collaboration with staff on Ward 5A, consumers, carers, and the WA Mental Health and Advocacy Service (MHAS). Throughout the consultation process we heard the desire and need for this Framework to incorporate strategies and tools that are meaningful and useful for young people, families and staff while also ensuring they are practical and achievable in a busy ward environment. The Framework has been created holding this in mind and we thank those who shared their lived experience, time, and expertise to create this valuable resource.

Definitions

Family

Family is a broad term that includes different types of families and relationships. It can include biological, adoptive, or chosen connections. The focus is on emotional bonds and support, and it recognises single-parent, blended, same-sex parent, and non-traditional caregiving arrangements. We value the involvement and collaboration of all individuals who play a significant role in the well-being of the young person. We respect the diverse perspectives, experiences, and cultural backgrounds of family members, and this is a fundamental aspect of our approach on Ward 5A.

Carer

A carer is someone who offers important support, care, and help to a young person. They can be a family member, guardian, foster parent, adoptive parent, or any person with a close and supportive relationship to the young person. Carers can come from diverse backgrounds and don't have to fit into traditional family structures. They play a crucial role in speaking up for the young person, working together with healthcare professionals, and making sure the young person's needs are met during assessments, treatment, and transitions of care.



Principles of child and family-centred care

The following summarises the 10 principles underpinning child and family centre care in CAMHS and were developed in consultation with staff, consumers and carers. Examples of how these work in practice on Ward 5A were provided by CAMHS consumers and carers.

Respect for preferences and values, and involvement in decisions

Staff seek to understand the preferences and perspectives of children, young people, and families in their care, and support their involvement in making informed choices. Individual values, beliefs, and cultural backgrounds are respected and honoured.

Ward 5A practice examples:

“Staff are actively listening to me and help me set realistic goals.” – young person

“It is important to engage with the young person and truly listen. Take what they say seriously.” – young person

“Staff ask our family what our preferences, goals and values are.” – carer

Information, communication and support for self-care

Information is timely, accessible, and reliable, and is communicated in ways that are responsive to the child and family needs. People are empowered to be able to participate in their care, to self-manage, and to share decision-making to the extent that they choose.

Ward 5A practice examples:

“When I’m finding it hard to talk give me an opportunity to just say yes or no. Use pictures or words I can point to if I can’t express myself.” – young person

Effective care in partnership with trusted professionals

Relationships between staff and consumers are collaborative, positive and therapeutic. Children and young people should receive the most appropriate and effective care for their needs, that recognises and respects the outcomes that matter most to them and those acting on their behalf.

Ward 5A practice examples:

“Sometimes we can be engaged in one session and then disengage in another... listen to what is being said during the ‘engaged’ phase to prepare for the times we can’t give input.” – young person

Continuity, coordination and smooth transitions

The organisation enables care that is well coordinated, and supports patients, clients, and families to experience positive ongoing relationships, seamless transitions, and efficient sharing of information between all those involved in their care.

Ward 5A practice examples:

“Help me speak to the community mental health team about the priorities and plans so we are all on the same page. Let’s meet all together.” – carer

“Make sure my school is kept in the loop, so staff know how to support me when I’m back.” – young person

“Help families connect with an outside service. Families leave 5A with a community service appointment to support transition.” – carer

Involvement and support for family and carers

Staff acknowledge the vital role of families, carers and friends in the overall health and wellbeing of children and young people and recognise the emotional impact of caring responsibilities on the wellbeing of family and broader support networks.

Ward 5A practice examples:

“Staff are honest and transparent with me. Just be real about what I can expect while our family is on the ward.” – carer

“Provide our family with information about the stay, progress on the ward, and on expectations along the way.” – carer

Emotional support, empathy and respect

Staff seek to understand the unique individual and provide care that is compassionate, empathetic and supportive of emotional needs to reduce fear, anxiety, and distress.

Ward 5A practice examples:

“Speak slowly and in simple language I understand so that I can take it all in.” – young person

Timely access to reliable care

Consumers can access the right services for their needs at the right time. Services are consistent and reliable; barriers and delays are minimised.

Ward 5A practice examples:

Support me with paperwork for financial support and education options and enrolments. Think about the basics like safety, accommodation. You can’t focus on mental health until the basics are covered.” – young person

Attention to physical and environmental needs

Staff respond to the physical comfort needs of children, young people, carers and family members by attending to; surroundings and physical environment, including the sensory environment, privacy, discomfort and pain.

Ward 5A practice examples:

“I see art that represents diverse communities like Aboriginal art, or LGBTQIA+ art.”

– young person

“I advocated for my daughter and the nurse heard me and helped by providing an ipad and headphones to reduce intense anxiety.” – carer

Equitable care for all children and families

The organisation recognises culture, diversity, disadvantage and complex needs, and adapts systems, processes, and care to achieve equitable outcomes for all children, young people and families.

Ward 5A practice examples:

“Interpreter services are available for me and my family.” – carer

Secure care practices

Staff provide care that is inclusive, culturally secure and trauma-informed to create a safe environment in partnership with children, young people, and families.

Ward 5A practice examples:

“Present information that can translate well into a different language or culture, less clinical and more humanistic. People understand emotions and can connect with this.”
– young person



The 5A way

My way home: young person journey

Arrival

Within 24 hours

- We will ask you to fill out some forms to help us understand your needs and your family's needs better.
- We will talk to you about what's going to happen during your time here and answer any questions you might have.
- After that, we'll take you on a tour of the ward, so you can get to know the place.
- We will introduce you to your Care Coordinator who will be the main person you talk to about your stay.
- We ask you leave your mobile phone at home, or if you prefer, we can take care of it for you while you are here.

We understand that it may take some time to adjust to this new environment. We are here to help you, and to support your transition on Ward 5A.

At Ward 5A, we recognise and are sensitive to diverse individual circumstances, including those relating to gender, sexuality, family, disability, lifestyle choices and cultural and spiritual beliefs and practices. These circumstances will not affect any care you receive during your 5A stay.

Cultural considerations for Aboriginal young person journey

Aboriginal Mental Health Workers

- The Ward 5A Aboriginal Mental Health Worker (AMHW) is here to provide you with culturally sensitive support. The AMHW will work with your care team to make sure your cultural and spiritual needs are respected while you're on Ward 5A.
- We'll let the AMHW know you're here within 24 hours of your arrival. If you'd feel more comfortable working with an AMHW who shares your gender or cultural identity/mob, just talk to your Care Coordinator, and we'll do our best to make that happen for you.

What could I ask my care team?

- When can I make phone calls to my family and friends?
- What are my rights as a young person in this unit?
- Are my family and friends allowed to visit me?
- Am I here voluntarily or involuntarily?
- Can I speak to someone from the Mental Health Advocacy Service (MHAS)?

Assessment:

What assessments you can expect within 24 hours

- A nurse will begin a Treatment Support and Discharge Plan (TSDP) with you. Everyone in your allocated care team will contribute to your TSDP, including you and your family or carer.
- A nurse and doctor will do a physical assessment to check your overall health. This is a chance for you to talk to a doctor about any pain, symptoms, or health worries you might have.
 - This usually involves a blood test, but sometimes it may also involve a urine test, or a brain scan.
 - We'll also check things like your height, weight, and blood pressure to make sure you're doing okay.
- A consultant psychiatrist will meet you in person to learn about you and your mental health needs.

Peer Support Workers

- Peer Support Workers are available for carers and young people on 5A. However, availability may vary.
- Peer Support Workers serve as positive role models who've faced similar challenges, providing emotional and practical help.
- We will discuss peer support with you and your family during family assessment meetings.

What could I ask my care team?

- When will my assessment be?
- Why do I need this test?
- How long will I be here?
- Who will do my assessments?
- What is a family assessment meeting?

Throughout your admission

Recovery is an ongoing process and is different for everyone

- Recovery on 5A means learning more about yourself, thinking about what you would like to work on and taking steps to get closer to where you would like to be.
- Your treatment might include different things like taking medication, attending therapy sessions, getting help with daily activities, learning new things, joining the Daily Group Program, and having support from important people in your life, like family or other carers.

Daily Group Program

- The Daily Group Program at 5A offers a range of activities that help you work towards your recovery goals.
- We will encourage you to attend the Daily Group Program every day as it can support your recovery.

We will also encourage you to participate in therapies, activities, and attend school as part of your treatment.

Discovering yourself, giving life meaning, and taking personal responsibility are important even when facing mental health challenges.

What could I ask my care team?

- What if I don't want to participate?
- What about my schoolwork?
- What kind of support is there if I find it hard to join in the groups or other ward activities?

Transition of care

- We start planning your transition home right at the beginning, this helps us ensure your journey on Ward 5A is meaningful and only as long as it needs to be.
- You will receive a discharge summary that explains what will happen when you leave Ward 5A.
- It's normal to still have worries or difficulties when you leave the hospital, but with support from your community, you can keep working towards feeling better.

Throughout your journey, we will support your recovery and provide you with the tools and resources you need to lead a life that is meaningful to you.

What I am at home

- What are my triggers?
- What are my early warning signs?
- What are the high-risk times for me?
- Who are my go-to people when I notice some early warning signs?
- Where will I keep important phone numbers?
- What are my main positive coping strategies? What makes me feel better?

The 5A way

Our way home: carer and family journey

Arrival

Within 24 hours:

- We'll ask you to fill out some forms to better understand your child or young person's needs and provide the right support.
- We'll have a chat with you about our processes and answer any questions you might have.
- We'll take you and your child or young person on a tour of the ward, and we'll talk about how we'll stay connected with your family.
- We'll assign a Care Coordinator to your family; they will be your main contact for your child or young person's care.

We ask parents or carers to return the next day so we can decide together if it's best for your child or young person to stay on the ward or if it's safe for them to go back home.

- Weekdays: 10:00 AM
- Weekends: 9:00 AM

Cultural considerations for Aboriginal young carer and family journey

Aboriginal Mental Health Workers:

- The Ward 5A Aboriginal Mental Health Worker (AMHW) is here to provide you and your child or young person with culturally sensitive support. The AMHW will work with your care team to make sure all cultural and spiritual needs are respected while your child or young person is on Ward 5A.
- We'll let the AMHW know your child or young person is here within 24 hours of their arrival. If you'd feel more comfortable working with an AMHW of the same gender or cultural identity/mob, just talk to your Care Coordinator, and we'll do our best to make that happen for you.

What could I ask our care team?

- Can I come to my child or young person's appointments, including seeing the doctor/s?
- Can I stay with my child or young person?
- How can I get in touch with the care team?

Assessment and family meetings

Assessments to support their journey within 24 hours:

- A nurse will begin a Treatment Support and Discharge Plan (TSDP) with your child or young person. Everyone in the allocated care team including you and your family, will all have a part in shaping this plan.
- A nurse and doctor will do a physical assessment to check their overall health. They can talk to a doctor about any pains, symptoms, or health concerns they have.
 - This usually involves a blood test, but sometimes it may also involve a urine test, or a brain scan.
 - We'll also check things like their height, weight, and blood pressure to make sure they're doing okay.
- A consultant psychiatrist will meet your child or young person.
- Your Care Coordinator will reach out to you to set up a Family Assessment meeting.
 - These meetings typically take about 30 minutes, but if more time is needed, the consultant psychiatrist will arrange this.
 - During this meeting, we can discuss specialised carer peer support from Ward 5A Peer Support Worker.

We want you to be part of the diagnosis and assessment process as much as you feel comfortable. We will share information about the team's discussions and include you in all important decisions.

Carer Support Workers:

- Carer Support Workers are available for families and carers of young people on the ward; however, availability may vary. Carer Support Workers draw on their personal experience of caring for a child or young person with mental health issues to support your carer journey.

What could I ask our care team?

- How will my child or young person be assessed?
- How long will the assessment process take?
- Can I see you on my own?
- If I have specific needs of my own, who can I ask?
- Can the team speak to our external doctors or teachers?
- Will my child be given a diagnosis during their time on 5A? If not, when/where/who by?
- What are the benefits of Peer Support Workers?

Throughout your admission

Ward 5A is just one point in the recovery journey, alongside the mental health supports and self-care at home and in the community:

- Recovery on 5A means learning strategies to build hope and meaning in life. This might include learning about triggers, early warning signs, emotions and coping strategies.
- Your child or young person's treatment may include medication, therapy sessions, assistance with daily activities, learning new skills, joining the Daily Group Program, and receiving support from important people in their life, like family or other carers.

Inpatient leave:

Your child or young person may be allowed to leave the ward for a little while, with a safety plan in place.

- This is called inpatient leave.
- During this time, you and your young person will still receive therapeutic support and have a ward contact person.
- This type of leave helps us see how your young person and family puts into practice what you have learned on the ward in your own home and in the community.

What could I ask our care team?

- What if I disagree with treatment?
- How long will my child or young person need this treatment?
- When and how often can I meet with the care team?
- What is inpatient leave, and how will it benefit my child or young person?
- If I take my child on leave, will we lose our bed?

Transition of care

- We begin planning for your child or young person's transition from the hospital from the beginning to make their stay. This helps us ensure their journey on Ward 5A is meaningful and only as long as it needs to be.
- We will work together to clarify expectations and responsibilities for everyone involved, including staff, your child, and your family.
- Before you go you will receive a discharge summary that explains the next steps about what will happen when your child leaves the hospital.
- We can talk about what will happen right after you leave the hospital and provide details on the available support and follow-up.

It is normal to worry about taking your child home, and there will still be ups and downs. Please let us know about any worries you have so that we can help and support you and your family.

What could I ask our care team?

- What will the next 24 hours look like?
- What if I do not think my child or the family or carers are ready for transition of care?
- What should I bring when I come to pick up my child?
- What medications are to be used and how?
- When will my child be seen next for a review?
- What if I need help with transport arrangements?



The 5A way

Supporting their journey: Ward 5A staff

Ward 5A staff respect the role and expertise of family members and other carers in a young person's recovery. We acknowledge that being a carer of a young person with mental health issues requires time, effort, skills and commitment above and beyond the usual parenting role.

We proactively engage with and listen to the young person and their carer/s, supporting them to be partners in care and recovery. [The following are best practice examples in working in partnership, with each Ward 5A staff member committing to:](#)

- Identify and welcome the young person, families and carers at the first contact or as soon as possible.
- Introduce the young person and carers to Ward 5A, the services and staff that are available and provide a welcome pack for further written information.
- Be highly skilled and knowledgeable in engaging and working alongside young people, families and carers, seeking out training and education opportunities as needed.
- Share all information openly and transparently with the young person, families and carers, using the most appropriate and effective communication method/s.
- Acknowledge and respect the young person, carers and family members, honouring the diverse cultural and social backgrounds of the families we serve.
- Demonstrate commitment, compassion, and sensitivity to the emotional needs of the young person, carers and family members.
- Recognise that caring for someone living with mental health issues can be stressful; offer a range of family and carer supports, including those in the community.

Conversation starters – identifying the carers

Ask the young person:

- Who do you see every day or every week?
- Who is your go-to person when you need help or are in trouble?
- Who provides support to you when you need it?
- How can I help you feel as comfortable as possible while you are here?

Conversation starters – family involvement

Ask the carer or family member:

- Tell me about your child's strengths and interests.
- What are your main concerns or goals you would like to work on for your child's mental health? What is one thing you would like to change during this admission?
- What is the current impact on you and your family's daily life?
- Are there any cultural or religious beliefs that we should consider when working with your family?
- What strategies have you found helpful in the past in supporting your child's well-being and keeping them safe?
- Is there anything you would like us to know so that we can best take care of your child?

Effective communication with carers and family members

- **Active listening:** We listen closely to carer and family members concerns and needs, responding thoughtfully and with compassion.
- **Regular updates:** We provide regular and timely updates to keep carers and family members informed.
- **Using different ways to communicate and share information:** we acknowledge everyone understands and communicates differently, especially in times of crisis.
- **Encouraging questions:** We invite carers and family members to ask questions and address their concerns.
- **Seeking feedback:** We value all feedback from young people, carers and family members to continuously improve our own practice and our services.

When providing information to carers and family members

- **Ask** "Is now an ok time to have a chat with you about your child?" "Would you like to go over this written information together or would you prefer to read through by yourself and come back to me with questions?" "We have free interpreter services. Would it be helpful to have an interpreter to help understand the information I am sharing with you?" "Would you like me to write this down so you can remember it later?" "Would you like to have a support person here with you while I explain this?"
- **Try** the 'Teach-Back Method' to enhance knowledge and health literacy, ensure appropriate level of understanding and allow for clarification if needed. This involves:
 - Use plain language and focus on key points.
 - Ask the person to explain or repeat the information in their own words to confirm their understanding before moving on.
- **Advise** who to contact if advocacy or support is required if there are questions or if further information is needed.

Implementation

Ward 5A is committed to working alongside children, young people and families to utilise this Framework in a coordinated way to deliver real changes.

- Creating posters and practical resources from the Framework for use in staff rooms, ward areas and family zones.
- Incorporating information into welcome packs, website resources and other consumer information, including links to external supports.
- Emphasising the 'Ward 5A way' to working with children, young people and families during staff planning days, professional development and onboarding processes.
- Offering staff education and training related to child and family-centred care.
- Employing and supporting a lived experience (peer) workforce with their unique knowledge, perspective and ability to advocate for and promote partnering in care.
- Listening and responding to the feedback from children, young people and their families.

The implementation will require the consideration of the needs of diverse population family and carer groups including Aboriginal and Torres Strait Islander carers, foster carers, younger or older carers, LGBTQIA+ carers, culturally and linguistically diverse carers, carers living with disability and carers who have a mental illness.

Evaluation

Measuring and evaluating the success of the framework will focus on 3 areas:

1. Progress on the Framework implementation.
2. Consumer and carer feedback via the Your Experience of Service (YES) and Carer Experience Survey (CES).
3. A consumer, carer and staff survey to measure effectiveness of the Framework will be conducted 12 months post implementation to ensure the ongoing improvement and refinement of our services.

Evaluation of the Framework will be monitored by the Ward 5A leadership team and reported to the Child and Adolescent Mental Health Service Executive Director and Director Clinical Services.



Government of **Western Australia**
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